07/09/2010 16:33

Image# 10990837076

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An	Authorized Comm	ittee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LAI OR TYPE OR PRINT ₩		ing, type		
lowa Medical Political Actio	n Committee				
ADDRESS (number and street)	1001 Grand Avenue				
Check if different than previously reported. (ACC)	West Des Moines			IA L	50265
2. FEC IDENTIFICATION NU	MBER ₩	CITY 🛕	ST	ATE 	ZIPCODE 🛕
C00003970		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(X July 15 Quarterly Report(October 15 Quarterly Report(January 31 Quarterly Report(July 31 Mid-Year Report(Non-elect Year Only) (MY) Termination Report(TER)	Q2) (c) 12-Day PRE-Electic Report for t Q3) YE) (d) 30-Day Post -Electic Report for t	Election on General (:	on (12C)	Sep 2	in the State of
5. Covering Period	01 201	illioug		30	2010
I certify that I have examined this Type or Print Name of Treasure		my knowledge and belief i	t is true, correct and	d complete.	
•	ronically Filed by Gene La		Date		0 9 2 0 1 0 penalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC. Form 3X (Bey 02/2003) 2/29

TEO FOILISK (F	nev. 02/2003)		2 / 23
Write or Type Committee Iowa Medical Politi	Name cal Action Committee		
Report Covering the Perio	od: From:	01 2010	To: 0 6 3 0 2 0 1 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010 ^{Y Y Y}		66783.38
(b) Cash on Hand at Begining of Report	ting Period	79926.30	
(c) Total Receipts (fro	om Line 19)	15675.00	37727.92
(d) Subtotal (add lines	s 6(b) and		
6(c) for Column A 6(a) and 6(c) for C	and Lines Column B)	95601.30	104511.30
7. Total Disbursements (fr	rom Line 31)	9890.00	18800.00
Cash on Hand at Close Reporting Period (subtract Line 7 from Line)		85711.30	85711.30
Debts and Obligations of the committee (Itemize a Schedule C and/or Schedule C	all on	0.00	
Debts and Obligations of the committee (Itemize a Schedule C and/or Schedule C	all on	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name
Iowa Medical Political Action Committee

Report Covering the Period:

From: 0 4

D D 0 1

2010

. l

0 6 3 0

Y Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	15000.00	35680.00	
(ii) Unitemized	675.00	2045.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15675.00	37725.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15675.00	37725.00	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2.92	
. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15675.00	37727.92	
. Total Federal Receipts (subtract Line 18(c) from Line 19)	15675.00	37727.92	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
2	Committees	4700.00	10110.00
.0.	Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	5190.00	8690.00
RO.	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9890.00	18800.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0900 00	10000 00
	from Line 31)	9890.00	18800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 29

III. Not Contributions/Operating	0011111114	COLUMNIA
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	15675.00	37725.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15675.00	37725.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Full Name (Last, First, Middle Initial) Steven Allgood Mailing Address 250 S Crescent Drive City State Zip Code Mason City IA 50401 FEC ID number of contributing federal political committee. Name of Employer Mason City Cliric Physician Receipt For: Primary General Other (specify) C Full Name (Last, First, Middle Initial) Dr. Thaddeus Anderson Mailing Address 1500 Delhi Street Suite 3100 City State Zip Code Dubuque IA 52001 FEC ID number of contributing	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Dr. Ferial Abbassy - Tewfik Mailing Address 601 E Bloomington City State Zip Code IA 52245 FEC ID number of contributing federal political committee. Name of Employer lowa City Cancer Treatment Center Receipt For: Primary General Other (specify) ▼	
Steven Allgood Mailing Address 250 S Crescent Drive City State Zip Code Mason City IA 50401 FEC ID number of contributing federal political committee. Name of Employer Mason City Clinic Receipt For: Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thaddeus Anderson Mailing Address 1500 Delhi Street Suite 3100 City State Zip Code Dubuque IA 52001	Date of Receipt M M D D 2 0 1 0
Dr. Thaddeus Anderson Mailing Address 1500 Delhi Street Suite 3100 City State Zip Code Dubuque IA 52001 FEC ID number of contributing	Date of Receipt M M M
Name of Employer Dubuque Obstetrics & Gyne- cology Receipt For: Primary Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Iowa Medical Political Action Com	and Statements may not be sold or used by any perso g the name and address of any political committee to mittee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Andrew Mailing Address 800 Ohio Street City Webster City FEC ID number of contributing federal political committee. Name of Employer Hamilton Hospital Surgery Clin Receipt For: Primary Other (specify)	State Zip Code IA 50595 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.11078 Amount of Each Receipt this Period 250.00 Contribution
Full Name (Last, First, Middle Initial) Bradley Beer Mailing Address 1790 Blairs Ferry City Hiawatha FEC ID number of contributing federal political committee. Name of Employer Mercy Care Blairs Ferry Receipt For: Primary General Other (specify)	State Zip Code IA 52233 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 23 2010 Transaction ID: SA11Al.11124 Amount of Each Receipt this Period 250.00 Contribution
Full Name (Last, First, Middle Initial) Dr. Thomas J Benda, Jr. Mailing Address 310 N Grandview City Dubuque FEC ID number of contributing federal political committee. Name of Employer Dubuque Otolaryngology Receipt For: Primary General Other (specify)	Avenue State Zip Code IA 52001 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.11085 Amount of Each Receipt this Period 500.00 Contribution
SUBTOTAL of Receipts This Page (option	nal)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	lowa Medical Political Action Commit	tee		
	Full Name (Last, First, Middle Initial) Thomas Benzoni			Date of Receipt
	Mailing Address 4343 Far Hills Road			04 29 2010
	City Sioux City	State IA	Zip Code 51104	Transaction ID: SA11AI.11072 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31104	250.00
	Name of Employer Self Employed	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Thomas Benzoni			Date of Receipt
	Mailing Address 4343 Far Hills Road			0 5 1 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11094
	Sioux City	IA	51104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 Contribution
	Name of Employer Self Employed	Occupation Physician		Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Michael Blackmore			Date of Receipt
	Mailing Address 20 5th Street NW			05 11 2010
	City	State	Zip Code	Transaction ID: SA11Al.11107
	Mason City FEC ID number of contributing federal political committee.	C	50401	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than	rts and Statements may not be sold or used by any persusing the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Iowa Medical Political Action C	ommittee	
Full Name (Last, First, Middle Initial) Dr. Eric Dippel		Date of Receipt
Mailing Address 1236 E Rushol		04 / 29 / 2010
City <u>Davenport</u>	State Zip Code IA 52803	Transaction ID: SA11AI.11080 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Cardiovascular Medicine	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Peggy Emery Mailing Address 11 Sylvan Lane		Date of Receipt
		06 08 2010
City Cedar Rapids	State Zip Code IA 52403	Transaction ID: SA11AI.11110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32403	250.00
Name of Employer Self Employed	Occupation Physician Spouse	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Corrine Ganske		Date of Receipt
Mailing Address 840 E Universit	y Avenue	04 29 2010
City Des Moines	State Zip Code IA 50316-2304	Transaction ID: SA11AI.11086
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer East Des Moines Family Ca- re	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	tional)	1250.00
	number only)	<u> </u>

Any information copied from such Reports and Statements may not be add or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) lowar Medical Political Action Committee Full Name (Last, First, Middle Initial) Thomas M Geillmaus Mailing Address 2322 E Kimbrly Road City State Zip Code Davenport IA 52807 FEC ID number of contributing federal political committee. Permany General Other (specify) ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Thomas M Gellhaus Mailing Address 2322 E Kimbrly Road City State Zip Code	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Paul Gisi Mailing Address 1212 Pleasant Street City State Lity Des Moines IA S0309 FEC ID number of contributing federal political committee. Name of Employer Methodist Plaza OB-GYN Primary Other (specify) ▼ State Zip Code IA S0309 Amount of Each Receipt this Period Contribution Contribution Contribution Date of Receipt M M M	Thomas M Gellhaus Mailing Address 2322 E Kimbrly Road City Davenport FEC ID number of contributing federal political committee. Name of Employer OB-GYN Specialists Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date 750.00	Transaction ID: SA11AI.11073 Amount of Each Receipt this Period 750.00
Mailing Address 1515 Delhi Street, Suite 100 City State Zip Code Dubuque IA 52001 FEC ID number of contributing federal political committee. Name of Employer Dubuque Internal Medicine Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00 Date of Receipt Transaction ID: SA11AI.11062 Amount of Each Receipt this Period Contribution Contribution	Paul Gisi Mailing Address 1212 Pleasant Street City Des Moines FEC ID number of contributing federal political committee. Name of Employer Methodist Plaza OB-GYN Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date	Transaction ID: SA11AI.11108 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Krishnarao Gorrepati Mailing Address 1515 Delhi Street, Suit City Dubuque FEC ID number of contributing federal political committee. Name of Employer Dubuque Internal Medicine Receipt For: Primary General	State Zip Code IA 52001 C Occupation Physician Aggregate Year-to-Date	Transaction ID: SA11AI.11062 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		1250.00

	PULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one) X
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) Medical Political Action Committee	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Des M FEC ID federal p Name o Penn A cine Receipt	oines number of contributing political committee. f Employer venue Internal Medi- For:	State IA C Occupation Physician Aggregate		Date of Receipt M M Z 3 Z 0 1 0 Transaction ID: SA11AI.11122 Amount of Each Receipt this Period 250.00 Contribution
Full Nar Dr. Jame	rimary General ther (specify) ▼ me (Last, First, Middle Initial) es Hubbard Address 1500 Associates Drive	0 0	250.00	Date of Receipt
Name o Medical Receipt	number of contributing colitical committee. f Employer Associates Clinic For:	State IA C Occupation Physician Aggregate		Transaction ID: SA11AI.11096 Amount of Each Receipt this Period 500.00 Contribution
Full Nar Beth Isa	rimary General ther (specify) ▼ me (Last, First, Middle Initial) ak Address 2425 Knob Hill Drive	State	500.00 Zip Code	Date of Receipt M
<u>Dubuq</u> FEC ID	ue number of contributing political committee.	IA C	52201	Amount of Each Receipt this Period 250.00
Receipt	f Employer iployed For: rimary General ther (specify) ▼		n n Spouse e Year-to-Date ▼ 250.00	Contribution
SUBTOT/	AL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
lowa Medical Political Action Commit	tee	
Full Name (Last, First, Middle Initial) Steven Jacobs Mailing Address 1650 1st Avenue, NF		Date of Receipt
Mailing Address 1650 1st Avenue, NE City	State Zip Code	0 5 1 1 2 0 1 0 Transaction ID: SA11AI.11097
Cedar Rapids	IA 52402-5431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer lowa Eye Center	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Robert Kitterman		Date of Receipt
Mailing Address 411 Laurel Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.11074
<u>Des Moines</u>	IA 50314-3097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Contribution
Name of Employer Medical Center Anesthesio- logy	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ronald Kolegraff	1	Date of Receipt
Mailing Address 1823 Hwy Blvd Suite 5		04 29 2010
City	State Zip Code IA 51301	Transaction ID: SA11AI.11081
Spencer FEC ID number of contributing federal political committee.	IA 51301	Amount of Each Receipt this Period 250.00
Name of Employer NW Iowa Surgeons	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
lowa Medical Political Action Commit	tee	
Full Name (Last, First, Middle Initial) Timothy Kresowik Mailing Address Dept of Surgery		Date of Receipt
Mailing Address Dept of Surgery 200 Hawkins Drive		04 29 2010
City	State Zip Code	Transaction ID: SA11AI.11076
Iowa City	IA 52242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer U/I Hospitals & Clinics	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Robert Lee	1	Date of Receipt
Mailing Address 9116 Hammontree Dr	ive	0 5 1 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.11098
Urbandale	IA 50322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Contribution
Name of Employer Lee & Ruisch Family Medic- ine	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Lehman	<u> </u>	Date of Receipt
Mailing Address 1227 E Rusholme Str	eet	05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11099
Davenport	IA 52803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Genesis Medical Center	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one) X
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	lowa Medical Political Action Commit	tee		
	Full Name (Last, First, Middle Initial) Jerry Lehr			Date of Receipt
	Mailing Address 108 N Jefferson Stree	et		04 09 4 2010
	City <u>Indianola</u>	State IA	Zip Code 50125	Transaction ID: SA11AI.11064 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Indianola Jefferson Med	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Elizabeth Loeb	-		Date of Receipt
	Mailing Address 269 N 1st Avenue			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.11087
	Iowa City FEC ID number of contributing federal political committee.	C	52245-3616	Amount of Each Receipt this Period 250.00
	Name of Employer lowa City Family Practice	Occupation Physician		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Ruth Macke			Date of Receipt
	Mailing Address 1026 A Avenue, NE			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City Cedar Rapids	State IA	Zip Code 52402	Transaction ID: SA11AI.11082
	FEC ID number of contributing federal political committee.	C	32402	Amount of Each Receipt this Period 250.00
	Name of Employer Cedar Valley Pathologists	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	lowa Medical Political Action Commi	ttee		
۸.	Full Name (Last, First, Middle Initial) Steven Perkins			Date of Receipt
	Mailing Address 105 E Main Street	Ctata	7in Codo	05 11 2010
	City Waukon	State IA	Zip Code 52172	Transaction ID: SA11AI.11089 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	J2112	250.00
	Name of Employer Franciscan Skemp Health Ctr	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Anita Pine			Date of Receipt
	Mailing Address 2322 E Kimberly Roa	ad 		04 / 29 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.11083
	Davenport FEC ID number of contributing federal political committee.	C	52807-7207	Amount of Each Receipt this Period 250.00
	Name of Employer OB/GYN Specialists	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Michael L Pogel			Date of Receipt
	Mailing Address 1315 N Court Street			0 6 1 4 Y Y Y Y Y
	City <u>Ottumwa</u>	State IA	Zip Code 52501	Transaction ID: SA11AI.11118 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SE lowa Neurology Associa- tes	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

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A. Dr. M Mailir City Wat FEC feder Name Ceda Recce Full N Rupa Mailir City Wat FEC	Michael Puk Ing Address 909 E San Marnan Di Iterloo ID number of contributing ral political committee. In the of Employer ar Valley Eye Care	State Zip Code IA 50702	Transaction ID: SA11AI.11112 Amount of Each Receipt this Period
Rece Full N Rupa Mailir City Wat	terloo ID number of contributing ral political committee. The of Employer ar Valley Eye Care	State Zip Code IA 50702	Transaction ID: SA11AI.11112 Amount of Each Receipt this Period
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Full N Rupa Mailir City Wat FEC		Physician	Contribution
Rupa Mailir City Wat	eipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
City <u>Wat</u> FEC	Name (Last, First, Middle Initial) a Reddy	.	Date of Receipt
<u>Wat</u> FEC	ng Address 1873 Crabapple Lane)	06 08 2010
FEC		State Zip Code	Transaction ID: SA11AI.11114
		IA 50701	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00 Contribution
Name Self I	e of Employer Employed	Occupation Physician Spouse	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Saetre		Date of Receipt
	ng Address 1230 E Rusholme Str Suite 203		04 29 2010
City Dave	renport	State Zip Code IA 52803	Transaction ID: SA11AI.11077 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C	250.00
Name Dave	e of Employer enport Eye Group	Occupation Physician	Contribution
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) lowa Medical Political Action Committee (In Full)		
Full Name (Last, First, Middle Initial) David Saggau Mailing Address 6000 University Aven Suite 300 City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Wolfe Clinic Receipt For: Primary General Other (specify)	State Zip Code IA 50266 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Larry Severidt Mailing Address 1801 Hichman Road City Des Moines FEC ID number of contributing federal political committee. Name of Employer Broadlawns Medical Center Receipt For: Primary General Other (specify)	State Zip Code IA 50314 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M O D D C D C D C D C D C D C D C D C D C
Full Name (Last, First, Middle Initial) David Swieskowski Mailing Address 207 Crocker Street Suite 200 City Des Moines FEC ID number of contributing federal political committee. Name of Employer Mercy Clinics, Inc. Receipt For: Primary General Other (specify)	State Zip Code IA 50309 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee	ее	
Full Name (Last, First, Middle Initial) Dr. Hamed Tewfik		Date of Receipt
Mailing Address 601 E Bloomington		0 5 1 1 1 2 0 1 0
City <u>Iowa C</u> ity	State Zip Code IA 52245	Transaction ID: SA11AI.11102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Iowa City Cancer Treatment Center Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Sherif Tewfik Mailing Address - 1015 Physical Charles		Date of Receipt
Mailing Address 1215 Pleasant Street Suite 400		05 11 7 2010
City	State Zip Code	Transaction ID: SA11AI.11103
Des Moines FEC ID number of contributing federal political committee.	IA 50309-1418	Amount of Each Receipt this Period 250.00
Name of Employer Associated Anesthesiologi- sts	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph Thoreson		Date of Receipt
Mailing Address 250 S Crescent Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11126
Mason City FEC ID number of contributing federal political committee.	IA 50401	Amount of Each Receipt this Period 250.00
Name of Employer Mason City Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee		y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>V</u>	Full Name (Last, First, Middle Initial) Joyce Vista-Wayne Mailing Address 312 E Alta Vista			Date of Receipt 0 5 1 1 1 2 0 1 0
	City Ottumwa	State IA	Zip Code 52501	Transaction ID: SA11AI.11104 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Contribution
	Name of Employer Ottumwa Regional Health Center Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
	Full Name (Last, First, Middle Initial) Nicholas Walker Mailing Address 540 E Jefferson Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.11116
	Iowa City	IA	52245-2474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer lowa City Heart Center	Occupatio Physicia		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Steven I Wolfe Mailing Address 200 Hawkins Drive	•		Date of Receipt
				06 14 2010
	City Iowa City	State IA	Zip Code 52242	Transaction ID: SA11AI.11119 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	VILLTL	250.00
	Name of Employer U/I Hospitals & Clinics	Occupatio Physicia		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		.	750.00

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 20/29 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee Full Name (Last, First, Middle Initial) Donald C Young, DO Date of Receipt Mailing Address 1371 NW 121st Street 06 14 2010 City State Zip Code Transaction ID: SA11AI.11120 Clive IΑ 50325-8143 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Contribution Name of Employer Mid Iowa Fertility Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 750.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)	•	15000.00

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_	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page		21b 27	X 22 23 24 25 28a 28b 28c 29
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1 /	NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee	ee				
	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION	POLITICAL A	ACTION COMM	ИΤТ	EE	Transaction ID: SB22.11127 Date of Disbursement
	Mailing Address 25 MASSACHUSETT SUITE 600	rs avenue n	IW			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City WASHINGTON	State DC	Zip Code 20001			Amount of Each Disbursement this Pe
	Purpose of Disbursement Joint Solicitation of Funds					500.00
	Candidate Name				ategory/ Type	
	Office Sought: House Disk Senate President State: District:	oursement For: Primary Other (spe	2010 X General ecify) ▼			
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	Office Sought: House Disk Senate President	Primary Other (spe	X General ecify) ▼			Transaction ID: SB22.11129 Date of Disbursement
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NAME OF COMMITTEE (In Full)					
/ Iowa Medical Political Action Committe	e				
Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION CO	MMITTEE	Transaction ID: SB22.11130 Date of Disbursement		
Mailing Address 25 MASSACHUSETT SUITE 600			04 26 2010		
City WASHINGTON	State Zip Code DC 20001		Amount of Each Disbursement this Perio		
Purpose of Disbursement Joint Solicitation of Funds			800.00		
Candidate Name		Category/ Type			
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State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB22.11131		
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Mailing Address 25 MASSACHUSETT SUITE 600	S AVENUE NW		$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{bmatrix} D & 3 & 0 \\ 3 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$		
City WASHINGTON	State Zip Code DC 20001		Amount of Each Disbursement this Period		
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Candidate Name		Category/ Type			
Office Sought: House Disbute Senate President State: District:	ursement For: 2010 Primary X Genera Other (specify) ▼	al			
Full Name (Last, First, Middle Initial)					
Mailing Address 25 MASSACHUSETT SUITE 600	S AVENUE NW		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City WASHINGTON	State Zip Code DC 20001		Amount of Each Disbursement this Perio		
Purpose of Disbursement Joint Solicitation of Funds			1300.00		
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	X 22 23 28a 28b	
Any Information copied from such Reports and State or for commercial purposes, other than using the name of NAME OF COMMITTEE (In Full)	ame and address of any politica			
Iowa Medical Political Action Committee	9			
Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION Mailing Address 25 MASSACHUSETT		MITTEE	Transaction I Date of Disbui	
SUITE 600				
City WASHINGTON	State Zip Code DC 20001		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement Joint Solicitation of Funds				300.00
Candidate Name		Category/ Type		
Office Sought: House Disbuter Senate President State: District:	rrsement For: 2010 Primary X General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Transaction I	D: SB22.11136
AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION COM	MITTEE	Date of Disbu	rsement
Mailing Address 25 MASSACHUSETTS SUITE 600			0 6	
City WASHINGTON	State Zip Code DC 20001		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement Joint Solicitation of Funds				100.00
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Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION	Date of Disbur			
Mailing Address 25 MASSACHUSETTS SUITE 600	S AVENUE NW		06	24 4 2010
City WASHINGTON	State Zip Code DC 20001		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement Joint Solicitation of Funds				300.00
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	CHEDULE B (FEC FOIII 3X)	Use separate sche	eaule(s) _{(ch}	R LINE NUMB! leck only one)	LINE NUMBER: PAGE 25 / 29 conly one)					
	EMIZED DISBURSEMENTS	for each category Detailed Summary	Page	21b 22 27 28a	23 24 28b 28	c X 29				
	y Information copied from such Reports and Stator commercial purposes, other than using the r									
\rangle	NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee	е								
<u>/</u>	Full Name (Last, First, Middle Initial) Appel for Senate				saction ID: SB2 of Disbursement	9.11150				
	Mailing Address 10901 180th Avenue			0 ^M 5	M / D D /	^Y 2010 ^Y				
	City Ackworth	State Zip Coo		Amo	unt of Each Disbur	sement this Perio				
	Purpose of Disbursement Political Contribution		•			440.00				
	Candidate Name		Categ Typ	-						
	Senate President	orsement For: 20 □ Primary X G □ Other (specify) ▼	10 eneral							
	State: District: Full Name (Last, First, Middle Initial) Arnold for House				saction ID: SB2 of Disbursement	9.11148				
	Mailing Address Route 2 Box 156			0 6	M / 22 /	2010				
	City Russell	State Zip Coo IA 50238		Amo	unt of Each Disbur					
	Purpose of Disbursement Political Contribution					250.00				
	Candidate Name		Categ Typ	-						
	Office Sought: Senate President State: Disbrict:	rrsement For: 20 Primary X G Other (specify) ▼	10 eneral							
	Full Name (Last, First, Middle Initial) Citizens for Gronstal			Date	saction ID: SB2 of Disbursement					
	Mailing Address 220 Bennett Avenue			0 6	M / D 0 7 /	Y ŽO ĬO				
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	y Information copied from such Reports and State for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee		,,								
	Full Name (Last, First, Middle Initial) Citizens for Heaton					Transaction ID: SB29.11149 Date of Disbursement					
	Mailing Address 510 East Washington					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Mt Pleasant	State IA	Zip Code 52641			Amount of Each Disbursement this Period					
	Purpose of Disbursement Political Contribution					250.00					
	Candidate Name				ategory/ Type						
	Senate President	ement For: Primary Other (spec	2010 X General cify) ▼								
	State: District: Full Name (Last, First, Middle Initial) Committee to Elect Nathan Reichert					Transaction ID: SB29.11146 Date of Disbursement					
	Mailing Address 1155 Iowa Avenue					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Muscatine	State IA	Zip Code 52761			Amount of Each Disbursement this Period					
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	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spec	2010 X General cify) ▼								
	Full Name (Last, First, Middle Initial) Committee to Elect Tyler Olson					Transaction ID: SB29.11145 Date of Disbursement					
	Mailing Address P.O. Box 2389					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Cedar Rapids	State IA	Zip Code 52406			Amount of Each Disbursement this Period					
	Purpose of Disbursement					250.00					
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CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only		PAGE 27/29
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ny Information copied from such Reports and Statem for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee				
Full Name (Last, First, Middle Initial) Democratic Party of Iowa			Transaction ID: S Date of Disbursemen	nt
Mailing Address 5661 Fleur Drive			05 11	Y Ž O Ĭ O Y
	State Zip Code IA 50321		Amount of Each Disl	oursement this Period
Purpose of Disbursement Political Contribution				500.00
Candidate Name		Category/ Type		
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Full Name (Last, First, Middle Initial) Democratic Party of Iowa			Transaction ID: S Date of Disbursemen	
Mailing Address 5661 Fleur Drive			05 18	2010
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Jacoby for House			Date of Disbursemer	nt
Mailing Address 2308 Northridge Drive			05 07	2010
Coralville	State Zip Code IA 52241		Amount of Each Disl	oursement this Period
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\rangle	NAME OF COMMITTEE (In Full) Iowa Medical Political Action Committee									
	Full Name (Last, First, Middle Initial) McCarthy for Iowa					ransac Date of I		: SB29 ement	9.11151	
	Mailing Address 5220 SE 31st Court					0 5	/ D	I 1	y ž0	10
	City Des Moines	State Zip Code IA 50320				Amount	of Each	Disburs	ement th	
	Purpose of Disbursement Political Contribution								250	.00
	Candidate Name			ategory/ Type						
	Senate President	resement For: 2010 Primary X General Other (specify)								
	State: District: Full Name (Last, First, Middle Initial)				-	ransac	tion ID	: SB29).11144	
	Murphy for State Representative Mailing Address 155 North Grandview A					Date of I		ement	Y Y Y O	1 0 Y
	City Dubuque	State Zip Code IA 52001				Amount	of Each	n Disburs	ement th	
	Purpose of Disbursement Political Contribution								500	.00
	Candidate Name			ategory/ Type	/					
	Office Sought: House Disbu Senate President State: District:	sement For: 2010 Primary X General Other (specify) ▼	•							
	Full Name (Last, First, Middle Initial) Paulsen for State House Committee					Date of I	Disburs	ement).11139	
	Mailing Address PO Box 250					0 4 M	/ D	1 3 [/]	y žo	10
	City Hiawatha	State Zip Code IA 52233				Amount	of Each	Disburs	ement th	
	Purpose of Disbursement Political Contribution Candidate Name		Ca	ategory/					500	.00
	9 🗎	rsement For: 2010		Type						
	Senate President State: District:	Primary X General Other (specify) ▼								

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	CHEDULE B (FEC Form 3	' Use sepa	Use separate schedule(s) for each category of the Detailed Summary Page			IE N nly o	UMBE ne)	R:	PAGE 29 / 29					
11	EMIZED DISBURSEMENT					À	22 28a	23 28b		24 28c	X	25 29		26 30b
	y Information copied from such Reports a for commercial purposes, other than usin	•		, ,	•			•		_				
\rangle	NAME OF COMMITTEE (In Full) Iowa Medical Political Action Com	mittee												
,	Full Name (Last, First, Middle Initial) Upmeyer for House Mailing Address 2175 Pine Avenue	Je					Date	action II of Disbur	•			41 0 1 0	Y	
	City Garner Purpose of Disbursement Political Contribution	State IA	Zip Code 50438	·			Amou	nt of Eac	h Dis	sburser		this P	erio	d
	Candidate Name			Categ Typ	•									
	Office Sought: House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼											
	State: District:													

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	5190.00